

**Mental Health & Substance Abuse Working Committee  
Summary Notes  
December 18, 2003**

**I. Introductions**

Thirteen stakeholders in attendance (see list below). Don Berk, Committee Chair, was unable to attend due to illness.

<u>Name</u>	<u>Representation</u>
*Sara Barnett	AIS LTCIP
Alison Cook	Adult Day Health Care/Senior Care Mgmt. Providers.
Ruth Covell	Physicians & Community Health Improvement Partners
Anne DeMeules	Licensed Clinical Social Workers
*Catherine Eckl	University Community Medical Center
*Evalyn Greb	AIS LTCIP
*Linda Herczeg	Mental Health Systems, Inc.
Kit Kerwick	VA Healthcare System
Rogelio Lopez	Healthy San Diego Health Plans
*Kate Martin	HHS
Donovan Myers	Clergy and Hospice Consumers & Caregivers
Mary Wambach	Disabled Community Advocate
Dennis Wobler	Mental Health Contractor's Coalition
* non-voting members	

**Reminder:** All committee members have been asked to look beyond their own individual agencies and/or personal preferences and represent a more expansive group of providers or consumers/consumer advocates to make certain that all community stakeholder interests are recognized. Any stakeholder is welcome to attend the Working Committee meetings, but only appointed members will have voting privileges for the purpose of consensus development. The Committee Chair will also maintain voting rights, but will only vote in the event of a tie. LTCIP staff will not have voting rights, but will attend each meeting to assist with coordination and to provide administrative support.

**II. Announcements**

Following Dr. Roger Lum's departure, Jean Shepard was appointed Acting Director for HHS. Mark Refowitz will be leaving his position as HHS Mental Health Director and Alfredo Aguirre will be the Interim Director. It is important for stakeholders to keep in mind the implications of these leadership changes and the need to educate the new directors about LTCIP.

**III. Summary of Massachusetts Senior Care Options presentation to stakeholders on Nov. 21**

Evalyn Greb, Chief, Long Term Care Integration, provided a summary of key elements of Diane Flanders' November 21<sup>st</sup> Mass SCO presentation. LTCIP stakeholders have agreed to continue exploring the feasibility of replicating the SCO model in San Diego. Key aspects of the program include:

- Voluntary program for Medicaid-only eligibles and those dually eligible to Medicare and Medicaid
- Serves 65+ population, regardless of diagnosis. There is significant interest in phasing-in younger disabled population in the future
- Program is starting off small; while there is no enrollment cap, projected enrollment is 300 clients/month
- Each SCO (Senior Care Organization) is required to contract with local Area Agencies on Aging (AAAs) for licensed social workers (Geriatric Support Services Coordinators) who will manage the client's long term care services as a member of the care management team
- Transitional reimbursement rating provides incentive for caring for the patient in the home or community rather than an institution. For example, if a "community –nursing home certifiable (NHC)" client must receive care in a skilled nursing home, the SCO will be reimbursed the community NHC rate (for the first three months) in the SNF; however, when the client transitions to a home/community-based setting, the SCO will get the higher SNF rate for the first three months in the home/community.
- CAGE evaluation is used for specific reporting of substance abuse issues such as hospital related admissions due to substance abuse

- A mental health practitioner may not necessarily be a member of the care management team, but each SCO must have a qualified clinician with mental health/substance abuse training in treating geriatric population available for referral/consultation.

#### **Discussion points:**

- Given that the Federal and State waivers are already in place, the model has the potential to be replicated in San Diego, requiring only minor modifications to waiver language in order to appropriately address the unique needs of San Diego's and California's environment.
- Although Medicare and Medicaid reimbursement rates vary by State, the SCO rate structure/methodology can be adapted and used as a model for San Diego and CA.
- More research is needed to clarify the specific mental health and substance abuse services included in Mass SCO
- San Diego may want to consider modifying waiver language to allow for more flexibility in care management requirements. For example, AAA case managers can be certified case managers vs. licensed social workers

#### **IV. Summary of Psychiatric Society Council Feedback (handout)**

LTCIP staff presented to the San Diego Psychiatric Society Council on December 9, 2003 to discuss LTCIP goals and progress to-date of the mental health and substance abuse workgroup. See Attachment I for specific feedback from the members. Full PowerPoint presentation is available on the main page of the LTCIP website.

#### **V. Planned research with Texas Star+Plus**

Stakeholders are invited to participate in a conference call on January 9, 2004 at 11 AM with Pam Coleman from the Star+Plus program re mental health and substance abuse services and populations included in the Star+Plus program. Stakeholders will be provided with more information on this call (and future calls) in early January.

#### **VI. New "option/recommendation" development group discussion**

All stakeholders (except for two) voted in support of forwarding a draft recommendation to the larger Mental Health & Substance Abuse Workgroup for further discussion on January 7, 2004. The suggested recommendation for discussion reads as follows: *We support the integration of health and social services and funding for persons with mental illness and/or substance abuse issues. We recommend to the Planning Committee that:*

1. *Mental health and substance abuse services be included in LTCIP, beginning phase-in with the 65 and over population.*
2. *Persons under 65 with severe and persistent mental illness and/or substance abuse issues are phased in to LTCIP at a later date when the collection of stakeholder concerns has been addressed satisfactorily.*
3. *Depression, mental health and substance abuse screening (e.g., Screening and Brief Intervention (SBI) tool) be included in LTCIP risk screening.*
4. *Legislation at state and federal level be tracked and explored for using new funding combinations and replicating the funding resources utilized by other state LTC Mental Health/Substance and Alcohol Abuse Programs.*
5. *Research on successful behavioral health models is continued concurrent with implementation phase-in.*

#### **VII. Future Meetings**

The working committee will present the draft recommendation for further discussion to the full Mental Health & Substance Abuse Workgroup **on January 7, 2004 from 4:00 to 5:30 at Pt. Loma Nazarene University-Mission Valley, 4007 Camino Del Rio South, San Diego, 92108.**

#### **VIII. Adjourn**

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)